

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>AS</i>		<i>07/31/00</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>10/8/2000</i>
<b>FORMALITY REVIEW</b>	<i>CS</i>	<i>804</i>	<i>09/06/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	N		
8	N		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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